

CLAIMS ONLY							Application Number 10-625719		Filing Date 3-15-65				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend.	Indep.	Depend	Indep.	Depend	
1	Indep	Depend	Indep	Depend	Indep	Depend	51						
2							52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
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37		1					87						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total	11						Total						
- Indep	6						- Indep						
Total Depend	24						Total Depend						
Total Claims	25						Total Claims						